

TIP I-9 SHEET

OMB No. 1615-0047; Expires 08/31/12

Form I-9, Employment Eligibility Verification

Make sure to use the current form.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last Only the name goes here	First	Middle Initial	Maiden Name
Address (Street Name and Number) Street address and apartment number (NO post office boxes)		Apt. #	Date of Birth (month/day/year) Date employee was born
City City, State and Zip on this line		State	Zip Code
		Social Security # Number on employee S.S.C.	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee to check ONE box and complete additional information if applicable.

Employee's Signature **Employee must sign HERE** Date (month/day/year) **Date employee SIGNED this form**

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

Refer to page 5 of the I-9 document information for a list of acceptable documents. All documents must be unexpired

If the employee does not have a document that meets list A requirements you **MUST** fill in List B **and** List C.

Only List B documents may be entered in the List B section and, likewise, only List C in the List C area.

You will enter the title/name of document, issuing authority (DMV for drivers licenses is **NOT** acceptable, enter the state of issuance), Document number and expiration date (if any).

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative	Date (month/day/year)	

If someone **OTHER** than the employee typed or entered information in section one Federal regulation requires this section to be completed.

Refer to page 5 of the I-9 document information for a list of acceptable documents. All documents must be unexpired

If the employee has a document that meets list A requirements **DO NOT** fill in List B and List C.

You must enter the title/name of document, issuing authority (USA or US Govt. is **NOT** acceptable), Document number and expiration date.

This date **MUST** match the effective date on the ePAF

Department's physical address, **NOT** the University's address, no P.O. boxes.